

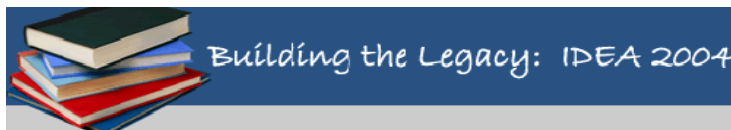
SPECIAL EDUCATION IN NORTH DAKOTA

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Guidelines for Serving Students with Autism Spectrum Disorders in Educational Settings

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United States Department of Education, Office of Special Education Programs (OSEP)

The Department of Public Instruction appreciates the time and effort spent by the task force members in contributing to the development of this guidance document.

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Special Note

“Unless otherwise specified, citations to “section” or “sec.” are citations to federal regulations implementing IDEA found in the Code of Federal Regulations at 34 CFR Part 300, which consists of 34 CFR secs. 300.1 through 300.818 and appendices A through E.”

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Introduction and Purpose

According to the Centers for Disease Control and Prevention (CDC), the numbers of children identified with Autism Spectrum Disorder (ASD) continues to rise. (*For the most current data from CDC's Autism and Disability Monitoring Network (ADDM) see <http://www.cdc.gov/ncbddd/autism/addm.html>*). In North Dakota, the percentage of students identified with an ASD has increased from 1.9% of the total population of students with disabilities in 2004 to 6.2% of that same group in 2013-14. The significant increase in the reported identification rates places challenges on schools across the country and here in North Dakota to provide programs and interventions that meet the unique needs of students identified as having an Autism Spectrum Disorder (ASD).

With new developments in the identification and education of students with ASD in recent years, these guidelines replace a previous version, *Guidelines: Identifying, Serving and Educating Children and Youth with Autism*, published in 2003. The previous guidelines resulted from collaboration between the Department of Human Services and the Department of Public Instruction. These guidelines combined information from the education and human service systems. The purpose of this revision is to:

- Replace old guidelines;
- Assist school-based practitioners in the field of special education;
- Update language to promote common understanding regarding Autism Spectrum Disorders;
- Promote the use of appropriate assessment tools and evaluation procedures which yield useful information for educational programming;
- Promote consistency and clarity across the state in the process of determining eligibility under the Individuals with Disabilities Education Act (IDEA);
- Promote appropriate, research-based instructional and behavioral interventions for children with Autism Spectrum Disorders;
- Improve placement procedures and practices to provide the necessary supports and services in the least restrictive environment; and
- Promote non-bias considerations for children who are economically disadvantaged, children who are diverse in race and ethnicity, and children who speak a language other than English.

These Guidelines reference the IDEA (2004) special education regulations and promote consistency in identification and programming

for students with Autism Spectrum Disorders. These guidelines are designed as a tool to assist those who are educating children and youth ages 3 – 21 with identified Autism Spectrum Disorders in educational settings.

What is Autism Spectrum Disorder?

Autism has been referred to as a “spectrum disorder”, which suggests that the symptoms and characteristics associated with the disorder present themselves in variety of combinations, ranging along a continuum from mild to severe. It is typically characterized by impairments in socialization, verbal and non-verbal communications, and the capacity for imaginative thinking that results in exaggerated and stereotyped interests, behaviors, and activities. As such, two children, both of whom have a diagnosis of autism, may vary widely in terms of their functioning and their corresponding educational needs within each of these domains. Given this diversity in individuals with autism, professionals in the field began to use the term Autism Spectrum Disorder.

While the IDEA continues to include the disability category of Autism, the recent revision to the Diagnostic and Statistical Manual of the American Psychological Association (DSM-V, 2013) now includes Autism Spectrum Disorder in place of several other diagnoses previously used to describe the “spectrum” of characteristics and levels of severity seen in individuals with the disorder.

The Educational Definition of Autism

Autism, as defined under IDEA, is a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance. (IDEA 34 C.F.R §300.8(c)(1)(i))

Autism Spectrum Disorder is included in the fifth edition of the *Diagnostic and Statistical Manual (DSM-V)*, published in 2013 by the American Psychiatric Association (APA). ASD replaced 5 separate disorders (autistic disorder, Asperger’s disorder, childhood disintegrative disorder, Rett’s disorder, and pervasive developmental disorder-not otherwise specified) previously included under the “umbrella” of autism spectrum disorders in the DSM-IV. In addition, individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder may be evaluated for social (pragmatic) communication disorder as a new category in the DSM-V.

These guidelines embrace the use of the term Autism Spectrum Disorder (ASD) as defined in the DSM-V, in an effort to promote consistency in identification and communication across the state. Therefore, the use of the term ASD will be considered synonymous with Autism as defined under IDEA, 2004. For a listing of terminology commonly used within the field of educating students with ASD, please refer to Appendix A.

The goal for all students is to graduate with college or career ready skills and be prepared to live as independently as possible. For students with ASD to accomplish this goal, the classroom and school experience must be designed to do more than teach academics. The student with ASD needs pivotal experiences that successfully prepare him or her to:

Educating Students with ASD

- Participate effectively in a learning group;
- Use unstructured time wisely;
- Self-regulate emotions and behavior;
- Complete a work schedule;
- Complete a learning schedule;
- Complete work independently using visual supports or other necessary accommodations;
- Get and keep a job;
- Go on to higher education if desired; and
- Pursue a vocational or technical career.

To the maximum extent appropriate, students with ASD must be educated with peers who do not have disabilities. A student with ASD who is found eligible for special education services will have an Individualized Education Program (IEP) developed that addresses the specially designed instruction they will need to access and benefit from the general education curriculum. In addition, these students benefit from access to peer relationships, as well as the school and community based learning experiences available to all children.

Characteristics of Learners with ASD

Students with ASD exhibit a range of difficulties with self-regulation and communication that make it challenging for them to meet classroom and school behavioral expectations consistently. Careful observations of all environments and regular progress monitoring of the effectiveness of behavioral interventions will be required. Data should guide any adjustments made to the intervention menu. Effective environmental supports like visual cues, social narratives, maybe needed to promote student use of pro-social behaviors. Implementing with fidelity evidence-based strategies found to be effective with students with ASD promotes the development and use of more pro-social behaviors. Students with ASD are capable of benefitting from instruction in all or part of the general education curriculum.

Students with ASD, like all students, are unique individuals who possess their own learning characteristics with respect to strengths and challenges. The nature of ASD as a “spectrum disorder” suggests that individuals with ASD have unique learning needs and challenges. The broad range of intellectual functioning, behavioral issues, family situations, individual needs and interests make it impossible to make generalizations about treatment and intervention protocols. As a result, there is no single approach that works for all students with ASD (NRC, 2001).

By definition, we know that students with ASD experience challenges with the core areas of communication, social interactions, and restricted, repetitive patterns of behavior across multiple contexts (DSM-V, 2013). Williams (2011), identifies the major learning characteristics of autism spectrum disorders as:

- Language delays and/or deficits
- Abnormal ways of relating to people, objects, or events
- Unusual reactions to sounds, sights, taste, touch or smell
- Uneven developmental abilities, scattered strengths and weaknesses.

The combination of cognitive and educational strengths and needs present in each student with ASD creates significant educational programming challenges.

Rydell (2012) indicates that each student with ASD has a unique learning style profile, and the characteristics of the student's learning profile often inhibits successful social interactions across persons, places and circumstances. Identifying appropriate interventions for students with ASD requires an understanding of how a child learns and their communication skills.

Determining the extent the ASD impacts the student's progress in the general education curriculum will require a comprehensive evaluation of all areas of the individual student's functioning (Mesibov, 2004). Due to the wide range of abilities and skills found in students with ASD, the selection of assessment tools should include more than just academic functioning; the tools should include assessments to determine learning styles, group participation skills and independent functioning skills.

Generally noted strengths of individuals with ASD include: visual processing, adherence to structure (routines and organization), concrete thinking, splinter skills, and memory. Instruction should apportion content in smaller amounts and where possible incorporate student interests/motivations. Additional unique strengths that may be seen include: logical thinking, the arts, hyperlexia (ability to decode at an early age), large spoken vocabulary, honesty and sense of direction.

Generally noted weaknesses include: weak auditory processing and working memory, organization (ideas materials, activities); understanding whole concepts and relationships within the concept and between concepts; abstract or inferential thinking; attention/distractibility (shifting attention or transitions between activities, especially from preferred to non-preferred tasks or from individual interests to other's); understanding time (beginning, middle and end); generalization of routines to other environments; knowing when to apply learned skills and routines; understanding the function and use of language; skill deficits that are masked by verbal skills; difficulty understanding other's perspectives (Theory of Mind) (Adapted from Mesibov, G.B., & Shea, V. (2009) "Culture of Autism" Charlotte, ND: TEACCH; Neil, T. (2012). ASD PowerPoint document. Indianapolis: HANDS in Autism Program and Resources).

Identification Process for Children, age 3- 21

While no two students with ASD will be alike, educators must learn the individual strengths and differences that each student possesses and recognize that targeting the student's strengths and incorporating his/her special interests into learning activities may be the key to unlocking his/her learning potential.

By age three, children may be referred from North Dakota Early Intervention to the Local Education Agency (LEA), to determine Part B eligibility. In addition, a child could be referred to the LEA through a Child Find screening or a direct referral from a parent or agency. Additional information related to the Part C to Part B early childhood transition process is located in the NDDPI Guidelines, *Understanding Early Childhood Transition: A Guide for Families and Professionals*.

For school-aged students enrolled K-12 who have not previously been identified as a student with a disability, the district will utilize its written referral process to document the specific areas the ASD may be impacting the student's learning. The information contained in the referral will inform the multidisciplinary team (MDT) which leads the evaluation planning process to ensure that a comprehensive and appropriate evaluation is conducted. (See *Guidelines: Evaluation Process, Referral for Evaluation*).

The parent(s) plays a critical role in the MDT process. For many parents, the transition process to school-based services or the district referral process represents the initial contact with school professionals. As members of the MDT, parents are able to contribute valuable information about their child including developmental milestones, healthcare issues, behavior in the home and other settings, homework completion, recreational interests and vocational interests, to name a few examples. In return, the MDT must be certain to assist the parents in fully understanding the scope of their student's needs.

This initial contact with school professionals should be characterized by open communication and help to set the tone that the school desires a trusting, collaborative, mutually respectful relationship with the parent(s). School staff should be cognizant of the stress experienced by many parents of students with ASD as they begin the school experience. To alleviate such stress and build a solid foundation for collaboration, the communication between the school and parent(s) must be child-centered and focused on creating optimum levels of success for the child with ASD.

Once a referral for a comprehensive evaluation is made, a multidisciplinary team (MDT) will be identified. The membership of the MDT may represent the same roles as the IEP team. Input must be obtained by multidisciplinary team members who, because of their expertise or special knowledge of the student, can observe, gather data, and assess any aspect of the student's functioning that may be impacted by the suspected disability. See *Guidelines: Evaluation Process, Referral for Evaluation*.

Evaluation MDT Participants

The MDT should include a professional with knowledge of ASD due to the complexity of this disability, and the need for specially designed interventions. The number of persons involved in the evaluation process may vary from student to student and will be driven by the assessment plan. Information will be gathered from/by the following persons during the evaluation of a student suspected of having an ASD:

- 1) the parent(s) or guardian of the child;
- 2) the child's general education classroom teacher;
- 3) a special education teacher,
- 4) someone knowledgeable regarding ASD (could be a School Psychologist);
- 5) other professional personnel as appropriate, such as, but not limited to Occupational Therapist, Speech Language Pathologist, Physical Therapist, Behavior Specialist, health professional; and
- 6) the child, when appropriate.

Evaluation Procedures

The evaluation process begins with a review of existing data from all available sources that considers relevant functional, instructional, and developmental information about the child. Given the multiple areas of functioning that may be impacted in a student suspected of having an Autism Spectrum Disorder, it is important for the MDT to develop a Student Profile that considers all areas of suspected disability.

Whether the evaluation to be conducted is an initial evaluation, a reevaluation or an evaluation for individual program needs, completing the Student Profile will guide the development of the assessment plan for the student. Appendix C provides suggestions for questions to guide the completion of the Student Profile for students suspected of having an ASD.

The Assessment Plan should identify areas where additional information is needed based on the Student Profile: Evaluation Form section, Questions to Answer through Assessment. Given the complexities and needs of students with ASD, it is important to develop specific questions related to the child's needs, methods of learning, and the learning environment. The more specific the questions posed, the greater the likelihood that the team will select assessment procedures that yield educationally relevant data.

Sec. 300.304 (c)(1)(i)(ii)

(c) *Other evaluation procedures.* Each public agency must ensure that-

(1) Assessments and other evaluation materials used to assess a child under this part-

- (i) Are selected and administered so as not to be discriminatory on a racial or cultural basis;
- (ii) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to so provide or administer;

***Best Practice:
Evaluation of
ASD***

For a complete review of the guidance available for developing the Assessment Plan, refer to *Guidelines: Evaluation Process*.

The MDT's primary purpose for assessing a student suspected of having an ASD is to determine whether the student meets the educational eligibility criteria listed in IDEA (Autism). Determining educational eligibility requires the team to determine if sufficient evidence exists on the adverse impact the impairment has on the student's learning and educational performance and the need for specially designed instruction.

Factors that influence the choice of specific evaluation procedures include:

- The student's age;
- The degree of language proficiency in both English and their native language, if appropriate;
- Cultural diversity;
- Severity and nature of the disability;
- Progress in school;
- Years of support from interventions and other services such as counseling and any English language programs; and
- The consistency of results of previous assessments.

An evaluation process guided by best practice has two features: 1) it incorporates a developmental approach; and 2) it recognizes the lifelong impact ASD has on an individual's adaptive functioning, (Wilkinson, 2010). The Assessment Plan identifies specific activities and assessment tools to be administered to student. The criteria for selecting the assessment tools and activities include: the child's age, developmental history, the Student Profile questions and data from previous evaluations and assessments. Wilkinson suggests that the evaluation process include the following components:

- Record review
- Developmental and medical history
- Medical screening and/or evaluation
- Parent/caregiver interview
- Parent/teacher ratings of social competence
- Direct child observation
- Cognitive assessment
- Academic assessment
- Adaptive behavior assessment
- Communication and language assessment
- Sensory processing
- Executive function and attention
- Motor skills
- Family system
- Coexisting behavioral/emotional problems

Eligibility Determination

An assessment plan for ASD should include the use of diagnostic instruments with sensitivity and specificity for autism. Allowing sufficient time for parent interviews and direct, structured observations across settings will be very important.

When assessing younger children, the assessment plan will focus on the student's abilities in the five developmental domains (cognitive, communication, motor, adaptive, and social/emotional), while for older students the focus will include educational ability, skills and performance.

The MDT must determine whether the student who has been assessed meets the eligibility criteria for the **educational impairment** of Autism, under the IDEA.

Clinical Diagnosis versus Educational Eligibility Determination, (Aspy & Grossman, 2007)

Diagnosis	Eligibility
Based on a set of criteria; (DSM-V).	Based on federal law (IDEA).
Refers to specifics in ASD definition by level of severity.	Refers to broad disability category of Autism.
Used in private settings.	Used only in public school system.
May be determined by an individual or team.	Must be determined by a team.

Eligibility Criteria

A clinical diagnosis of ASD is not required in order to determine whether a student meets the eligibility criteria for the educational disability category of Autism, under the IDEA. The MDT must consider relevant medical information made available by parents or professionals; however, the existence of a medical diagnosis may not be the sole component for making an eligibility determination. In some cases, a student may meet the criteria for ASD, but does not demonstrate the need for special education and related services.

Eligibility for special education services requires:

1. Meeting the criteria as defined by category under IDEA (see below) for the educational definition of autism;
2. Demonstrating the adverse effect the disability has on educational performance; and
3. Demonstrates a need for specially designed instruction that can only be provided through special education and related services.

The MDT will make a determination of eligibility upon completion of the assessments for children and youth, ages 3-21 in North Dakota schools.

Note: The IDEA regulation for the MDT's Determination of Eligibility can be found at **34 CFR Sec. 300.306.**

Educational Definition of Autism

Autism, as defined under IDEA is a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's education performance is adversely affected primarily because the child has an emotional disturbance. (IDEA 34 C.F.R §300.8(c)(1)(i))

The MDT may find the following chart helpful in guiding their discussions related to the child's eligibility for services under the IDEA category of Autism. A best practice in identifying a student with an ASD would be that the student exhibits behavior(s) in each area of the IDEA criteria: Verbal Social Communication, Non-Verbal Social Communication and Social Interactions.

Educational Criteria: (based on DSM-V criteria)

Need to meet one criteria in Verbal Social Communication Area
Verbal Social Communication- persistent deficits in verbal social communications across contexts
<input type="checkbox"/> Yes <input type="checkbox"/> No The child exhibits: a lack of social-emotional reciprocity (back-and-forth conversation), a reduced sharing of interests, emotions, or affect; a failure to initiate or respond to social interactions
<input type="checkbox"/> Yes <input type="checkbox"/> No The child exhibits difficulties with: developing, maintaining, and/or understanding relationships (adjusting behavior to suit social contexts), sharing, imaginative play, making friends; or interacting with peers.
Need to meet one criteria in Nonverbal Social Communication Area
Non-verbal Social Communication- persistent deficits in non-verbal social communication behaviors across contexts
<input type="checkbox"/> Yes <input type="checkbox"/> No The child exhibits problems with: poor integration of verbal and nonverbal communication behaviors/skills, poor eye contact; understanding body language, understanding and using gestures; exhibiting appropriate or any facial expression(s).
<input type="checkbox"/> Yes <input type="checkbox"/> No The child exhibits hypersensitivity or hyposensitivity to sensory input; or, an unusual interest in sensory aspects of the environment (e.g., indifference to pain/temperature, strong reaction to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement)
Need to meet one criteria in Social Interaction Area
Social Interaction- restricted patterns of behavior, interests, or activities limit social interactions
<input type="checkbox"/> Yes <input type="checkbox"/> No The child exhibits: stereotyped or repetitive motor movements, use of objects, or speech (e.g., hand flapping or toe-walking, lining up of toys or flipping objects, echolalia-echoed speech).
<input type="checkbox"/> Yes <input type="checkbox"/> No The child exhibits: resistance to change, following/an adherence to inflexible routines; or ritualized patterns of verbal or nonverbal social interactions/behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, must take same route or eat same food every day).

Yes No The child exhibits intense, very restricted, or fixated interests (e.g., strong attachment /preoccupation with unusual objects, perseverates on topics or interests).

The MDT may identify a student as meeting the educational eligibility criteria in more than one category of disability. However, if the issues that most impact educational performance for a given student relate to an emotional disturbance, then, by definition, that student cannot meet the criteria for the educational impairment of ASD. However, if the issues that most significantly impact educational performance relate to ASD, then it is possible for that student to also meet the educational eligibility criteria for an emotional disturbance.

Note: The term does not apply if a child's education performance is adversely affected primarily because the child has an emotional disturbance. (IDEA 34 C.F.R §300.8(c)(1)(i))

In addition, a child who meets the educational criteria for ASD may require a related service. In such cases, the IEP team will have several options to consider for determining how the students' related service needs will be provided. In the case of a student who does not meet eligibility criteria under IDEA, but who does demonstrate the need for classroom accommodations during the school day, the MDT may consider a referral for services under Section 504.

Re-Evaluation

The reevaluation process confirms the student has a disability and assures the student's continuing needs have been identified and are being met. The evaluation planning process for the purpose of reevaluation begins with the members of the IEP team. The IEP team membership may expand to include other personnel based on questions that the team may have about the student's needs. Parents must be given the opportunity to participate in the reevaluation process. Members of the IEP team must review the existing and current information.

Note: IDEA Regulations regarding reevaluation requirements can be found at 34 CFR Sec.300.303. A review of existing data regulations is located at 34 CFR 300.305.

Considerations for Secondary-Level Students

The focus during re-evaluation for the IEP team becomes making an informed decision as to whether the student continues to need special education. If the student does continue to be eligible, the team needs to discuss whether any programmatic changes are necessary to better serve the student and improve outcomes. The IDEA requires that postsecondary goals for students 16 and older be based on age-appropriate transition assessments related to:

1. Education or training;
2. Employment; and where appropriate
3. Independent living skills.

The IEP team will need to consider assessment in these areas as part of any initial or reevaluation for the student age 16 or older. Information from age-appropriate transition assessments will assist IEP teams in making informed decisions about the needs of the student regarding their postsecondary goals.

IEP Development & Program Considerations

Once a determination is made that a student has an Autism Spectrum Disorder (ASD) and requires special education and related services, the team develops an IEP. The IEP must be developed and implemented within 30 days of the eligibility determination. Decisions regarding the delivery of services must ensure that the student with ASD receives a free and appropriate public education (FAPE) in the least restrictive environment (LRE).

Just as there are no medical diagnoses that make a child automatically eligible for special education and related services under the category of ASD (autism), there are no automatic service types, service amounts, or locations of where services are to take place. The team developing an IEP for children with ASD should take care to consider the child's individual abilities and needs to ensure that the present levels of educational performance, goals, objectives or benchmarks, and services are aligned so that the child's individual and unique needs as determined through evaluation are met.

IEP Team Composition

The composition of the IEP team is identified in the Individuals with Disabilities Education Act (IDEA) regulations at 34 CFR Sec. 300.321 and discussed in detail in *Guidelines: Individual Education Program Planning Process*.

Parent Participation

Parents are critical partners in the IEP process for any student with a disability. IEP teams must make every effort to ensure that one or both parents of the child with ASD have an opportunity to participate in the process. This participation is an important element in developing the foundation of trust and collaboration needed to provide an appropriate educational program for the student with ASD. 34 CFR 320.321 encourages parents to invite other individuals who may be knowledgeable about their child.

Note: For complete review of the IDEA regulations with regard to Parent Participation, see **34 CFR 300.322**, as well as *Guidelines: Individual Education Program Planning Process*.

Special Considerations IEP PLAAFP

The complex nature of students with ASD suggests that development of the PLAAFP give due consideration to those characteristics that define ASD. Therefore, the IEP team should review and prioritize the needs for the following areas to determine those most in need of intervention during the coming IEP year: ¹

Verbal Social Communication-

- Communication skills- most effective system of communication, emerging skills reported anecdotally
- Using and understanding the function of language

Non-verbal Social Communication-

- Using and understanding aspects of nonverbal communication (eye gaze, facial expressions, gestures)

Social Interaction-

- Responding appropriately to social situations
- Initiating social interactions
- Pragmatic skills
- Participating in peer groups (large and small group settings)
- Self-monitoring/regulating sensory input (tactile, visual, sound, smell/taste)
- Adjusting to changes in environment and routines using supports (visual, auditory, verbal)
- Making transitions
- Limiting his/her engagement in repetitive activities or stereotypic behaviors

Special Factors

The narrative of the PLAAFP tells the story of the student with ASD. It identifies the needs that require specially designed instruction. The identified needs help the team prioritize the development of measureable goals, as well as how, when, and where the special education and supplementary aids and services will be provided.

The IEP team will review the “Consideration of Special Factors” section of the IEP and indicate those that may apply to the student with ASD. If any of the IDEA special factors are identified (behavior, limited English proficiency, blind or visual impairment, deaf or hearing impaired, communication, and assistive technology) the IEP will document the team’s intervention in those areas, including any necessary services, supports, and/or accommodations. For a more complete discussion of “Consideration of Special Factors”, refer to *Guidelines: Individualized Education Program Planning Process*.

Assistive Technology

When considering special factors for students with ASD, access to assistive technology services may play a key role in providing FAPE. Districts are required to ensure that assistive technology and assistive technology services are provided when determined to be necessary.

34 CFR 300.308FR

Each public agency shall ensure that assistive technology devices or assistive technology services or both, as those terms are defined in 300.5-300.6, are made available to a child with a disability if required as a part of the child’s:

- a) Special education under 300.17;
- b) Related services under 300.16; or
- c) Supplementary aids and services under 300.550(b)(2).

¹ Adapted from Technical Assistance Advisory, SPED 2007-1: ASD, Massachusetts Department of Elementary and Secondary Education, 2006.

Generally speaking, assistive technology refers to tools and strategies that assist students with learning and accessing the curriculum. These tools and strategies may range from low tech (e.g., pencil grips, picture communication systems) to high tech (e.g., computers, iPads, and switches).

The Wisconsin Assistive Technology Initiative (WATI), sponsored by the Wisconsin Department of Education, is a rich resource for IEP team members, aiding in the assessment and decision making process for the use of assistive technology for students with ASD. The WATI and other resources for determining assistive technology needs are available in TIENET.

Behavior

The impact of ASD on a student's educational performance and ability to make progress in the general education curriculum may require additional supports in the area of behavior and social/emotional development. Students exhibiting challenging behaviors should be considered to have skill deficits and not as intentionally misbehaving. Challenging behaviors can limit the access of students with ASD to the general education curriculum and their access to non-disabled peers. To address the need for supports to promote student use of more pro-social behaviors and social/emotional development, the IEP team should discuss:

- The need for a functional behavioral assessment to determine the function of the challenging behavior and appropriate replacement behaviors that need to be taught.
- The need for supports for executive functioning skill deficits, (e.g. organization), generalizing learned skills to other environments, and/or understanding a whole concept or idea/abstract ideas and concepts.

Measurable Annual Goals and Specially Designed Instruction for Students with ASD

The IEP team will develop measurable annual goals for those areas of need identified in the PLAAFP. Students with ASD who may be involved in the alternate assessment process are required to have short term objectives (STOs) that support the annual goals. IEP teams may choose to develop STOs for any student with ASD in order to identify intermediate steps between present levels of performance and the student's annual goals. For a complete discussion of writing measurable annual goals, STOs and characteristics of service, please see *Guidelines: Individualized Education Program Planning Process*, as well as *Transition to the North Dakota Standards in English and Mathematics based on the Common Core Standards: Tips and Considerations for Writing Standards-Based IEP Goals*.

Focus Areas: Specially Designed Instruction

There is a direct relationship between the needs identified in the PLAAFP and the annual goals. Annual goals set the direction for *the specially designed instruction* the student needs as a result of their disability. IEP teams are encouraged to consider the framework of Universal Design for Learning (UDL) as they develop the plan for students with ASD. UDL is a set of principles for curriculum development that give all individuals equal opportunities to learn. It represents a blueprint for creating instructional goals, methods, materials, and assessments that work for all students. More information on UDL can be found at Center for Applied Special Technology (CAST).

34 CFR 300.93 (b)(3)

Specially designed instruction:

(3) **Specially designed instruction** means adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction-

- (i) To address the unique needs of the child that result from the child's disability, and
- (ii) To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children.

Students with ASD require direct, specially designed instruction in academic, social, and emotional skills because they have difficulty generalizing skills across multiple contexts. Interventions and strategies must be directly connected to the needs of the student and practiced in multiple settings in order for the student to generalize newly learned skills across multiple contexts.

The complex nature of ASD requires IEP teams to take into consideration a tremendous array of needs that may exist for individual students with ASD. The IEP team will need to consider the following areas when developing the student's specially designed instruction ² within each of IEP/Profile domains:

² The Puzzle of Autism, NEA, 2006.

Cognitive Domain

Executive Functioning

Characteristics of Executive Functioning:

Executive functioning involves the mental processes necessary to plan and implement actions. Students with ASD may possess cognitive deficits that inhibit executive functioning. Often, these challenges are manifested through problems with organizational skills, working memory, impulse control, inhibition, and mental flexibility. In addition, deficits in executive functioning impact the student's ability to initiate actions, monitor those actions, problem solve, and plan for the future. Therefore, the student with ASD may require specialized instruction in this area.

Attention

Characteristics of Attention:

Due to their atypical patterns of attending, students with ASD do not receive information in the same manner as typically developing peers. Students with ASD may experience difficulty sustaining attention for extended periods of time, or shifting attention when necessary. Attention may be restricted by the individual's limited range of interests, or focus on irrelevant aspects of a situation that may lead to missing key information.

Educational programming that employs structure and supports for students with ASD can assist in mediating the impact of attention challenges. The student with ASD may require specialized instruction to improve attending skills and time on-task. For more capable students with ASD, it is important that these students learn to recognize when they are on task, and to self-monitor this behavior. This is another important skill that will increase the independence of the student in their daily life situations.

Academic Domain

Academic Performance

Characteristics of Academic Performance:

Academic performance refers to tasks related to traditional reading, written language, and math skills, as well as science and social studies. The range of communication challenges, especially the student's ability to use and understand language, combined with other characteristics associated with having an ASD contribute to the wide variance in cognitive abilities and learning profiles seen in this population. Students with ASD are more likely to have difficulties with abstract concepts and nuances, while demonstrating a greater ability to learn by rote through symbolism and analogy (National Research Council, 2001). These issues will often present challenges in learning academic content.

Students with ASD may demonstrate uneven skill development. Some areas of development may be significantly delayed, while others are more advanced and even gifted. Areas of giftedness may include memory, focus, calculation, block design, music, and art (NRC, 2001). Determining what skills to teach and how to teach them are important, individual considerations for each student with ASD. Accommodations and modifications to academic requirements are important aspects for the IEP team to consider during IEP development.

Communication Domain

Communication

Characteristics of Communication:

Students with ASD demonstrate a considerable range of language and communication deficits. Generally, the impairment impacts both the understanding and use of language. Communication skills may range from the use of nonverbal gestures, picture exchange communication systems (PECS), and single words or phrases to fluid speech and language at the higher ends of the spectrum. In some cases, these skills may even be advanced, although deficits may exist in the area of pragmatics (the social use of language).

Pragmatic deficits may result in the student with ASD appearing to be uninterested in communication, but is actually the result of the student's inability to understand the need to communicate (processing reciprocity and turn taking) or the information that needs to be communicated. Manifestations may range from echolalia (repetition of speech without communicative intent), to perseveration on words or phrases to convey different messages to individuals who are highly verbal on a limited set of topics, and/or overly formal and/or have atypical speech patterns (Johnson, 2007).

Communication is one of the most important considerations for the student with ASD, and presents one of the greatest challenges for educators and families. For most children, the complex process of language development and communication occurs automatically. Students with ASD often do not develop the skills for spontaneous communication, and therefore, must be taught. Assisting students with ASD to develop the skills to make requests, interact socially, share and seek information, express emotions, and to avoid aversive situations must be a priority. The IEP team must support all forms of communication, depending on the individual student's needs, including verbal, signing, pictorial, and augmentative communication devices. For many students with limited or no verbal communication, a total communication system - or a combination of approaches (e.g., verbal and pictorial, pictorial and sign) - may be most beneficial.

Physical

This section of IEP/Profile domains should include relevant medical, vision, motor and sensory considerations to be addressed during the development of the IEP.

Sensory Processing

Characteristics of Sensory Processing:

Sensory motor processing refers to the individual's ability to take in information from the environment, organize it, make sense of it and respond appropriately. Sensory processing difficulties can interfere with learning, cause distraction, and/or instigate behavioral problems. The individual with ASD may find that they have over- (hyper) or under- (hypo) sensitivity to sensory input from any of the seven senses: visual, auditory, olfactory, oral, tactile, proprioceptive (perception of the body in space in relation to objects), and vestibular (balance and movement)). Some students with ASD may be hypersensitive in some areas, while hyposensitive in others. Preferences or aversions to various sensory stimuli are highly individualized in students with ASD.

Students with ASD may consider activities that include certain stimulation as aversive and seek to avoid participating in them. A student who is sensitive to noise may seek to avoid eating in noisy cafeterias, sitting in assemblies or other activities that produce loud noises. The individual who is under-stimulated may seek activities that provide the desired sensory input. In either case, students with ASD experience sensory challenges everyday that will impact their ability to learn or participate in social activities.

Developing a sensory profile for the student with ASD provides an important opportunity for parents and the IEP team to collaborate. This profile guides the team toward identifying appropriate strategies to be used and taught to the student. Typically, the occupational therapist (OT) is knowledgeable in the assessment of sensory issues.

Social Emotional

Social Development and Peer Interaction

Characteristics of Social Development and Peer Interaction:

Impairments in social interactions are of primary importance for the student with ASD which may include difficulty establishing relationships with peers. Students with ASD may range from appearing to be socially aloof and remote to being overly social and acting inappropriately or odd. Challenges with social functioning should not be seen as unwillingness or a lack of interest in interacting with others, but rather as a social skill deficit. Students with ASD often do not understand social cues and may struggle with behaviors and communication necessary to engage appropriately in social interactions.

Social skill development emerges as an essential focus area for students with ASD. Social skills deficits represent the primary reason for the team's decision to develop a Behavior Intervention Plan. The elements of effective Behavior Intervention Plans include identifying the function of a problem behavior and the steps for teaching the student a more socially appropriate replacement behavior that serves the same function. The ability to be socially capable allows the student with ASD to successfully participate in meaningful life activities. Deficits in social skills may impact the student at school and in various community activities such as work, interpersonal relationships and recreation.

Social competencies must be carefully assessed and prioritized to determine which necessary skills are to be taught directly. Students with ASD do not learn social skills through observation, but require explicit instruction on necessary skills and supports for employing them in social situations.

Play and Leisure*Characteristics of Play, Recreation, and Leisure:*

Personal time pursuits such as play, recreation, and leisure may not occur naturally for students with ASD. As a result, skill deficits in this area may inhibit social development and productive play. These deficits may result in the student developing perseverative behaviors with objects, using them for self-stimulation or engaging in repetitive acts. Play for students with ASD is often solitary, and just as with communication, no assumption should be made that the student lacks interest in playing with peers, but rather the student with ASD may not possess the skills necessary for successful play interaction.

The IEP team should consider teaching the student with ASD how to use spare time productively as an important life skill. This instruction may include finding appropriate activities and working to expand the time on task for the student. This includes activities for engagement both at home and at school.

Restricted and Repetitive Patterns of Behavior*Characteristics of Restrictive and Repetitive Behaviors:*

Students with ASD will often engage in unusual and distinctive patterns of behavior that may include a preoccupation with objects, an intense interest in specific topics, and/or an intense need for sameness. They may also demonstrate stereotypical or repetitive motor movements, which may take the form of hand-flapping, finger flicking, unusual eye gazing, and habitual toe walking or spinning.

These behaviors will commonly interfere with educational activities by distracting the student from learning new behaviors and completing tasks. These behaviors may also impact social interactions. For example, a narrow range of interests often becomes a dominant element in a “conversation” with another student, resulting in a one-sided interaction or conversation. The IEP team must identify such behaviors and give consideration to their impact. It is important for the team to consider the behavior and its function, which may be the result of hypo- or hypersensitivity to sensory stimuli, difficulties in social situations, limitations in play behaviors, changes in routine and/or anxiety, to name a few. The IEP team should consider environmental adaptations to decrease behaviors that interfere with the student learning more appropriate behaviors that serve the same function.

Interfering Behavior

Characteristics of Interfering Behavior:

Some students with ASD may display challenging behavior that can interfere with or become a barrier to successful inclusion and learning. These interfering behaviors may take many forms and degrees of severity. Tantrums may be common, or the behavior may escalate into self-injury, aggression, or property destruction. Typically, interfering behaviors serve a specific function for the student with ASD; they are the student's most effective form of communication.

As with the other instructional focus areas, the IEP team must address behaviors that interfere with the student's participation and progress in the general education curriculum. Research has shown that the most effective educational planning to address a student's interfering behavior(s) will include conducting a functional behavioral assessment, which informs the development of a behavior intervention plan. To change a problem behavior, the IEP team must assess the function of that behavior and teach a functional skill that efficiently accomplishes the same outcome for the student. It is important to recognize that problem behavior serves a function for the student with ASD, and as such, it can be "replaced" by a more appropriate behavior that serves the same function.

Adaptive

Activities of Daily Living

Characteristics of Self-Help and Independence Skills:

Activities of daily living include personal care skills that are necessary for independent living. Students with ASD may exhibit a range of impairments in daily living skills. The deficit areas may include self-care skills related to biological functions (eating, toileting) or to personal, home and community living skills such as dressing, grooming, cleaning and safety related behaviors. Age related Adaptive Behavior areas that should be evaluated include:

3 through 5 years—communication, self-care, social skills, and physical development;

6 through 13 years—communication, self-care, social skills, home living, community use, self - direction, health and safety, functional academics, and leisure;

14 (younger if appropriate) through 21 years—communication, self - care, social skills, home living, community use, self - direction, health and safety, functional academics, leisure, and work

A fundamental goal of education is the acquisition of skills that will allow the individual to function as independently as possible in their world. Just as with communication, there are many behaviors in this area that typically developing students learn without specially designed instruction. The student with ASD may require specially designed instruction to acquire these skills, whether that involves fine motor tasks or organizational skills such as packing a backpack. Adaptive skills for students with ASD may require explicit, specially designed instruction focused on generalizing those skills across settings.

Sexuality

Characteristics of Sexuality:

Sexuality is a natural part of life that will present challenges for the student with ASD. Their particular combination of social, communication and sensory difficulties can inhibit sexual development. These challenges may result in the student developing inappropriate ways of expressing their sexuality. For example, the individual may not know what are considered to be appropriate or inappropriate ways of expressing affection, or determining topics for discussion. These students may have difficulty with understanding appropriate times and places to show affection, appropriate social interactions on dates, and privacy boundaries.

Sexuality contributes to personal dignity, quality of life, and interpersonal relationships. As a result, it is an important consideration for IEP teams. As with other areas of instructional focus, teaching should be functional and concrete.

Self-Advocacy*Characteristics of Self-Advocacy:*

Self-advocacy and self-determination incorporate the ability to make choices throughout life that are free from external influences. Students with ASD may have little experience with expressing personal preferences, making decisions based on those preferences, and assuming personal responsibility. Deficits in cognition, communication or a lack of opportunity or skills may contribute to these students' challenges with self-advocacy.

Promoting self-advocacy requires an individualized program of explicit instruction designed to develop the student's knowledge, attitudes, and necessary skills to take more control and responsibility for his/her life, as well as multiple opportunities to practice those skills. Instruction in self-advocacy may take the form of providing multiple opportunities for decision making during the course of a school day. While a student with ASD may not be able to execute all aspects of self-advocacy, providing them with multiple opportunities to participate in complex skills - such as decision-making and problem solving - will contribute to the student becoming a better self-advocate. As with other skills, the student with ASD may require direct, specially designed instruction to develop skills in self-advocacy.

Ecological

The development of the IEP/Profile domains section should include relevant family, community, home, neighborhood and functional skill considerations.

Evidence-Based Practices for Students with ASD

As IEP teams develop measurable annual goals and short-term objectives to address the needs of students with ASD, they should be reminded of the IDEA mandate that educational interventions and instructional methodologies selected must be validated by scientifically-based research.

The educational needs of students with ASD have received a great deal of attention over the past 20 years, resulting in an expansion of evidence-based educational practices that address the complex learning needs of these students. IEP teams need to be knowledgeable about the range of evidence-based practices (interventions, methodologies, and accommodations), and identify those that can address the student's needs.

The National Professional Development Center on Autism Spectrum Disorders (NPDC-ASD) defined evidence-based practices as those practices for which efficacy is established through peer-reviewed research in scientific journals. Evidence-based practices must use one of the following designs:

- Randomized or quasi-experimental design studies
- Single-subject design studies
- A combination of above evidence

Characteristics of Services

As the IEP team develops goals and objectives (when required) for a student with ASD, it must consider the Characteristics of the Services necessary to achieve the goal or objective. The discussion regarding the characteristics of services will involve where, when, how, and by whom the services will be delivered. The IEP team discussion of annual goals should identify and prioritize the target behaviors or skills goal the student will need to access and make progress in the general education curriculum as well as successfully included in the general education classroom. The summary descriptions of the characteristics of services become the basis for identifying or determining the Least Restrictive Environment(s) (LRE) in which the student will receive his/her identified special education and related services.

To determine a proposed goal's characteristics of services, the IEP team should consider a series of questions for each goal. It is important when determining a student's LRE that the questions be considered in the following sequence:

1. Can the performance specified in this goal be met in general education activities **without accommodation or modification**? If no, why not?
2. Can the performance specified in this goal be met in general classroom activities **if appropriate accommodations and modifications are made**? If the answer is yes, what types of accommodations or modifications are necessary and what special education services, if any, are needed?
3. Can the performance specified in this goal be met if the content difficulty is altered OR if **specially designed instruction** (totally different) is provided?
4. Can the performance specified in this goal be met if **supportive training** related to the disability is provided? (e.g., functional communication training, orientation and mobility, fine/gross motor development, etc.)

Least Restrictive Environment (LRE) has been a key concept in IDEA since its inception in 1975. The discussion of the characteristics of services ensures that IEP teams focus on access to the general curriculum and educating the student with ASD with students who are nondisabled, to the maximum extent appropriate. In addition, it leads to the identification of the specific special education, related services and supplementary aids and services necessary to assist the student in progressing toward the target skills or behaviors identified in his/her annual goals and short term objectives.

**Special
Education,
Related Services,
and
Supplementary
Aids and
Services**

Supplementary aids and services are critical to the participation of the student with ASD in the general education classroom as well as a range of other school activities, including extracurricular and nonacademic activities.

34 CFR 300.42

Supplementary aids and services:

Aids, services, and other supports that are provided in regular education classrooms, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with their nondisabled children to the maximum extent appropriate.

Generally speaking, supplementary aids and services can be accommodations and modifications to the curriculum under study, the manner in which content is presented, or how a child's progress is measured. In addition, they may include:

- Direct services and support to the child; and
- Support and training for staff.

While the terms accommodation and modification are sometimes used interchangeably, it is important to differentiate between these terms.

A **modification** refers to *a change in what is being taught or what is expected from the student*. Making an assignment easier so the student is not doing the same level of work as the others is an example of a modification. Modifications change the standard for the student; they change what the student is expected to master.

Examples of modifications may include:

- Reduction of homework or reduction of classwork
- Omitting story problems
- Using a specialized curricula written at a lower reading level
- Alternative reading books at an independent reading level
- Tests written at lower levels of understanding
- Previewing tests as a study guide
- Use of a calculator
- Grading based on pass/fail or work completion

An **accommodation**, on the other hand, *is a change that helps a student overcome or work around the student's disability*. The student is still expected to know the same material or answer the same questions. Accommodations do not alter what an assignment or assessment is seeking to measure.

Many students with ASD benefit from simple accommodations. Some common examples of accommodations include:

- Oral response to questions
- Access to teacher notes or outlines
- Peer note-taker
- Wider lined paper for written tasks
- Highlighted text
- Spell-checker
- Preferential seating
- Extended time on assignments; shortened assignments
- Tests read aloud
- Fewer choices in multiple-choice formats
- Multiple choice rather than fill-in-the-blank formats

Instructional and assessment modifications and accommodations are most often made in the following areas:

- Scheduling
 - Giving the student extra time for completing a test
 - Breaking up a test over several days
- Setting
 - Working in a small group
 - Working one-on-one with the teacher
- Materials
 - Providing an audiotape of lectures or books
 - Giving copies of teacher's lecture notes
 - Using large print books; Braille
- Instruction
 - Reducing the difficulty of assignments
 - Reducing the reading level
 - Using a student/peer tutor
- Student Response
 - Allowing answers to be given orally or by dictation
 - Using a word processor
 - Using sign language, a communication device, Braille, or a native language other than English.

Periodic Review of Services: Progress Monitoring

The IEP team must consider the student's level of involvement in grade-level assessments, and identify any/all instructional accommodations that will be needed for the state assessment process. See Appendix H for a list of suggested accommodations for students with ASD.

Once IEP goals have been developed and the IEP has been fully implemented, members of the team involved in providing direct programming for the student with ASD should engage in ongoing monitoring of progress towards the targeted skills and behaviors identified in the student's goals and objectives. Through regular progress monitoring, the team members can determine: whether a skill has been mastered and the student is ready to move to the next level; or, if the student is not progressing at an acceptable rate, a change to the educational program needs to be made.

Data- Driven Practices

While a number of methods exist for monitoring student progress toward IEP goals (e.g., teacher-made tests, anecdotal records, etc.), the most accurate and sensitive method is systematic, ongoing data collection of observable skills and behaviors. Through observation and systematic data collection, teachers and other staff involved in implementing the IEP can objectively evaluate the effectiveness of the instructional strategies employed to promote the student's acquisition of new skills, as well as the reduction of behaviors that may be interfering with a student's learning. Systematic data collection is an integral component of monitoring the efficacy of educational practices for students with ASD. Data informs the IEP team if their identified instructional strategies are effective or moves the team to consider alternative instructional strategies if they are not.

The IEP team must determine which data collection procedures are the most appropriate for accurately measuring and evaluating changes in the behaviors and skills identified in the student's IEP goals. The team may consider collecting data in various educational settings on the following characteristics of the target behavior:

- **Occurrence**- whether the skill/behavior occurred
- **Frequency**- how many times the skill/behavior occurred
- **Duration**- length of time the skill/behavior occurred
- **Latency**- length of time that elapsed between instructional cue and performance of the skill/behavior
- **Prompt**- level of assistance required to perform the skill/behavior.

The data collection system must match the type of behavioral change expected and outlined in the student's IEP goals and objectives. For example, if the goal is to measure a student with ASD's peer-related social initiations, a frequency count of initiations may be the most accurate measure. If the goal focused on increasing the amount of time a student spends in interaction with peers, duration would be the most appropriate unit of measure. When measuring a student's progress in acquiring a skill, such as putting on their coat, the level or number of prompts needed to accomplish the task may be the most appropriate form of data. The selection of data collection procedures is closely tied to the team's purpose for selecting and targeting the observable behavior(s) identified in the student's goals and objectives.

Once the unit of measure is established for a particular goal/behavior, a method for collecting and recording the data should be determined. There is no one, best way to collect data across all different skills and behaviors. IEP teams must consider what data collection method is most appropriate for gathering information that will reflect changes in target behaviors. Methods employed must allow teachers to maximize instructional time while gathering valid, reliable, and accurate data for use in progress monitoring.

Data Analysis

Once progress monitoring data has been collected, it must be summarized in a manner that will assist IEP team members in recognizing learning trends. Data should be analyzed regularly and should drive instructional decision making. Summarizing data in clear formats will aid this process. Regular, systematic analysis of the data will provide the team with evidence to determine if the student's skills and behaviors are progressing in the expected direction and will provide feedback on the effectiveness of the interventions employed. When an expected rate of progress is not indicated, the IEP team should reconvene to identify what changes in instructional strategies, supports and/or IEP objectives are necessary.

Graphing of data provides a clear, visual depiction of the student's performance to inform the team, including parents, on a student's progress. Graphing of data should occur regularly and be systematically evaluated to determine if the student with ASD is making the expected rate of progress toward their goals and objectives. There should be a direct relationship between this graphic representation of data/student progress and the student's IEP goals and objectives.

Special Instructional Focus: Behavioral

Behavioral supports are an essential consideration for many students with ASD. When a student's behavior impedes his/her ability to progress in the educational setting, it should be noted as a Special Consideration on the IEP.

When a student's behavior impedes his/her learning, the IEP team must consider positive behavioral interventions, strategies, and supports to address those behaviors. The first step in that process is to conduct a Functional Behavioral Assessment (FBA).

Functional Behavioral Assessment

A FBA is a systematic analysis of the antecedents and consequences that determine the underlying function or purpose of a behavior and leads to the development of an effective Behavior Intervention Plan (Collet-Klingenberg, 2008). Interventions that are based on an FBA usually result in significant reductions in problem behavior (Blakely-Smith, 2009). The National Professional Development Center on Autism Spectrum Disorders at the University of North Carolina (Neitzel & Bogin, 2008) recommends the following steps when conducting an FBA:

1. **Establish a Team-** A multidisciplinary team provides a variety of perspectives on the interfering behavior being exhibited by the student with ASD.
2. **Identify the Interfering Behavior-** Members of the MDT should identify the interfering behavior(s) to be assessed. Such behaviors include disruptive or repetitive behaviors that interfere with optimal development, learning, and/or achievement.
3. **Collecting Baseline Data-** Collect data from multiple sources to better understand the conditions under which the interfering behavior(s) occur prior to designing and implementing an intervention strategy.
4. **Developing a Hypothesis Statement-** Based on assessment results, a detailed statement describing the possible functions of the behavior is developed.
5. **Testing the Hypothesis-** The purpose of this step is to confirm that the hypothesis is correct, provided there is no risk of injury or damage. If the behavior involves risk of injury or damage, proceed to Step 6.
6. **Developing Interventions-** As the function of the behavior becomes apparent; team members will develop interventions to reduce the occurrence of the interfering behavior in question using evidence-based practices.
7. **Monitoring Intervention Effectiveness-** Team members will regularly monitor the student's behaviors through data collection to determine the effectiveness of the intervention.

When the function of the behavior can be determined, the team will develop interventions to reduce the occurrence of the interfering behavior. Teams should employ evidence-based practices to decrease the occurrence of interfering behaviors, and increase the use of more appropriate, replacement behaviors.

An in-depth discussion of the steps in developing an FBA is available on the National Professional Development Center on Autism Spectrum Disorders.

Upon completion of the FBA process, the IEP team will begin the development of a Behavioral Intervention Plan (BIP).

***Developing the
Behavior
Intervention Plan
(BIP)***

The behavior intervention plan (BIP) must be clearly written and should articulate to team members their roles and responsibilities for implementation. With input from parents, the plan may also address the interfering behavior in home and community settings. The process described below represents the evolving practices for conducting an FBA and developing a BIP based on the FBA.

The BIP is based on the hypothesis statement generated from the FBA. The plan should emphasize the development of skills the student needs in order to behave in a more appropriate way and not simply strive to control behaviors. Interventions that focus on controlling behavior often fail to generalize and may only serve to suppress behavior. BIPs must include methods to monitor the fidelity of implementation and monitor the progress of the plan.

Considerations for Developing a BIP

1. Define the target behavior operationally to ensure it is measurable and recognizable by all team members.
2. Identify and plan for teaching more acceptable replacement behaviors that serve the same function as the problem behavior.
3. Manipulate antecedent and event settings that lessen the likelihood problem behaviors will occur, including changes to the classroom curriculum and/or instructional strategies.
4. Manipulate the consequence that makes the target behavior ineffective, irrelevant, and/or inefficient.
5. Consider contextual fit:
 - Data collection procedures that directly measure the target behavior to be decreased and/or the replacement behavior to be increased.
 - Timeline for implementation, evaluation and follow-up.

Steps in Developing the Behavioral Intervention Plan (BIP), (Neitzel & Bogin, 2008)

1. **The team will identify appropriate evidence-based practices that address the function of the student's interfering behavior.** A comprehensive BIP will include several intervention strategies designed to increase pro-social behaviors and reduce those considered to be problematic. Strategies should include the following:
 - *Address areas of skill deficits.* Teach the student a more acceptable behavior that serves the same function as the inappropriate behavior (known as a replacement behavior). Examples include asking the teacher for help, employing a break, or requesting attention using effective self-management or coping strategies.
 - *Modify the setting events in the environment that will likely lead to a problem behavior.* Examples include changing seating arrangements to minimize distractions, decreasing work demands when the student has not slept the night before, or altering the sequence of academic instruction.
 - *Manipulate the antecedent events (those things that happen right before the behavior occurs).* Examples include providing warnings, countdowns, or times, to assist with and signal transitions or discussing reinforcement or break options prior to presentation of a difficult task.

- *Modify aspects of the curriculum and/or instruction.* Examples include shortened instructional sessions or allowing oral, rather than written, responses.
- *Find strategies to enhance student motivation.* Examples include incorporating preferred materials into activities or allowing the student to engage in a preferred activity when completing a task, contingent on the absence of the interfering behavior.
- *Modify the consequent events for the positive, appropriate, or replacement behaviors.* Examples include precise praise, shaping, and reinforcing compatible behaviors.

2. **Determine the response to the interfering behavior.** Different responses may be necessary for varying levels of the behavior.

Considerations may include:

- Modifying the consequent events (what happens in response to the interfering behavior). Often teachers and other staff will ignore the behavior when it occurs, denying the student with ASD reinforcement for the behavior. In some cases, delivery of a consequence may be necessary, including a reviewing of rules, redirecting, or removal of a token.
- In the event that a problem behavior is severe or creates a safety issue, teams may need to include a crisis management plan to ensure the safety both of the student and others, as well as quick de-escalation of the behavior.

Examples of Evidence-Based Practices to Include in a BIP

Function of Interfering Behavior	Prevention/Antecedent Strategies	Possible Replacement Behavior	Reactive Strategies
Gain access to an item, activity or attention	<ul style="list-style-type: none"> • Give non-contingent reinforcement • Give positive attention when appropriate • Set up routines and schedule reinforcing activities throughout the day • Provide reinforcement for not engaging in behavior 	<ul style="list-style-type: none"> • Establish an appropriate response (Functional Communication Training to request an item, activity, or attention) 	<ul style="list-style-type: none"> • Extinguish behavior (discontinue reinforcement of problem behavior) • Do not provide item, activity or attention if problem behavior is present
Escape or avoid tasks/attention	<ul style="list-style-type: none"> • Reduce or eliminate activities or demands that trigger behavior • Alternate tasks (i.e., number, difficulty, novelty, etc.) • Set up routines so reinforcing activities follow harder ones • Provide reinforcement for not engaging in the behavior 	<ul style="list-style-type: none"> • Establish an alternative method of escaping the task (Functional Communication Training to ask for break, termination) • Strengthen compliance and tolerance to task through behavioral momentum and task interpersonal 	<ul style="list-style-type: none"> • Extinguish behavior (discontinue reinforcement of problem behavior) • Continue to repeat the demand and do not allow access to preferred activities until the task is complete
Sensory/autonomic	<ul style="list-style-type: none"> • Enrich the environment • Engage the student in preferred activities • Provide sensory oriented breaks • Provide reinforcement for not engaging in behavior or for engaging in alternative behavior 	<ul style="list-style-type: none"> • Establish an alternative sensory seeking behavior that is more appropriate or less disruptive • Establish a method for the student to ask for a break or a time/or place in which behavior is permissible 	<ul style="list-style-type: none"> • Blocking- preventing the child from engaging in the behavior by blocking or physically preventing its completion.

3. **Create observable and measurable objectives that can be used to measure the effectiveness and progress of the intervention**

These objectives may be drawn from the student's IEP or drafted when writing the BIP. Examples include:

- Juan will complete tasks in reading group without talking.
- If Sammy needs to leave class, he will ask for a break during whole class instruction using his "Break" card.
- When Kara hears the timer, she will transition between activities by walking directly to the next activity on her visual schedule.

4. **Determine how to implement the BIP.** There are numerous considerations in order to ensure the plan is implemented with fidelity across environments. The following should be outlined:

- Determine if additional materials are needed, such as data collection sheets, timers, visual supports, support staff, etc.
- Determine if environmental modifications are needed.
- Identify reinforcers for the student to enhance motivation.
- Provide information and training to all individuals who will need to implement the plan.
- Provide training on any specific evidence-based practice that may be employed.
- Determine any additional personnel resources necessary.
- Determine a safe, quiet location for the student when crisis behavior occurs.
- Determine strategies for the maintenance, durability, generality, and longevity of appropriate student behavior.

5. **Create a data collection plan for progress monitoring.** Data should be collected once a week at minimum. Data should be gathered on both the interfering behavior as well as the new replacement behaviors. Designate when, where, by whom, and how data will be collected, such as:

- *When:* once a week, daily, on Tuesdays and Thursdays
- *Where:* during snack time, on the playground, in reading group
- *By Whom:* special education teacher, speech-language pathologist, paraeducator
- *How:* checklist, self-management checklist completed by student, frequency count.

6. **Evaluate the fidelity of the implementation of the plan.** Once implemented, it is essential that consistency and accuracy are monitored. Checklists, scripts, and lists may assist staff in achieving this consistency. Implementation should be observed across settings by a team member to ensure accuracy.
7. **Evaluate the effectiveness of the BIP.** The team should develop a schedule to review and analyze data on a regular basis, which is essential to determine the effects of the intervention over time.
8. **Modify the BIP.** Revise the plan anytime the IEP team feels it is necessary or the data supports an adjustment. The FBA/BIP process is not complete until the team's efforts result in positive behavioral change for the student with ASD. Circumstances that trigger a review/revision include:
 - The student has reached his or her behavioral goal(s) and objective(s), and new ones need to be established.
 - The situation has changed and the plan no longer addresses the student's needs.
 - The IEP team determines, during a manifestation determination review, that the BIP strategies are not consistent with the student's IEP or placement.
 - The BIP is not producing positive changes in the student's behavior.

IEP teams shall employ positive behavioral interventions based on the results of an FBA. The FBA provides the foundation for addressing the behavioral needs of students with ASD. However, there are instances when an individual student exhibits behaviors that may pose a risk of physical harm to the student or others, a risk of significant property damage, or are significantly disruptive or dangerous which cannot be modified solely through the use of positive behavioral interventions.

IEP teams in North Dakota are advised to review district policy and consider the inclusion of aversive treatment procedures only under circumstances where the child's behavior poses an imminent danger of serious physical harm to self or others.

***Safety and
Crisis
Considerations
for the Student
with ASD***

Safety issues may be a concern for the student with ASD, and to prevent safety issues from becoming crisis situations, IEP teams are encouraged to be proactive in their planning. IEP teams should consider including a formal plan to address existing or potential issues with behavior that may place the student at-risk.

An open and honest discussion with parents as members of the IEP team to consider those behaviors, such as wandering, is the first step in being proactive. If concerns exist, whether for elopement or preventing the victimization of the student with ASD from potential bullying scenarios, the IEP team must plan for such potential emergencies.

In cases where risk has been identified by the IEP team, the team must always ensure constant supervision for the student with ASD. For students with such concerns, a safety and emergency plan may represent an extension of a BIP, or a separate consideration all its own. When developing such plans, the IEP team may want to consider inviting additional school staff, with the parent's permission, to be a part of that discussion. School nurses and security, maintenance, and kitchen staff are possibilities when IEP teams think proactively about student behavior. Once a safety/emergency plan is developed for a given student, it is critical to make sure all individuals who may play a role in the plan (law enforcement, first responders, bus drivers, etc.) are aware of its existence, and provide them with specific strategies and/or tactics that may be appropriate for de-escalating the behavior. Any individual who may play a role in that de-escalation should be provided with the necessary information. Therefore, IEP teams will need to consider the range of possible scenarios for an individual student with ASD.

The team and family may want to consider these elements in the development of a crisis plan:

- Defined setting events, triggers or signs that a crisis situation may develop.
- Tools and strategies for keeping the individual and those around him/her safe in any setting (school, home, community).
- Intervention steps and procedures promoting de-escalation that are paired at each level with increasing levels of agitation.
- Lists of things to do and not to do, specific to the history, fears and needs of the individual student with ASD.
- Hands on training and practice for caregivers and staff members.
- Data collection and monitoring for continued re-evaluation of the plan's effectiveness.
- Knowledge of the best-prepared facility if hospitalization or an emergency room visit might be necessary.
- Secured guardianship for the parent if the student with ASD is above age 18, and the parent needs to make decisions for the student.

(Autism Speaks, *Challenging Behaviors Tool Kit*, 2012)

IEP teams may want to consider the *Autism Emergency Contact Form* (Debbaudt, 2009) or a similar document that can be developed and shared with the appropriate individuals, including law enforcement and first responders. Parents with concerns regarding behaviors that place their student with ASD at risk in the home and the community may consider similar strategies for informing appropriate individuals about their role in responding to a crisis involving their child with ASD. In all cases, being proactive and giving consideration to potential scenarios may prevent a safety issue from developing into a crisis scenario.

Placement in the Least Restrictive Environment

The requirement of educating students in the Least Restrictive Environment (LRE) has been a part of special education law since its inception in 1975. Federal regulations require that children with disabilities, including preschool-aged students and, in particular students with ASD, be educated with children who are nondisabled to the maximum extent appropriate. The requirements of 34 CFR 300.114(a) and North Dakota Administrative Rule 67-23-01-01(3) have come to be known as the LRE Mandate:

Each school district or public agency must ensure that:

1. To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and
2. Special classes, separate schooling, or other removal of children with disabilities from the regular education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

In addition, 34 CFR 300.115 requires that each school district or public agency provide a continuum of alternative placements to meet the needs of students with disabilities. Least Restrictive Environment for an individual student becomes the most inclusive point on the continuum, where a student's IEP can be satisfactorily implemented with the provision of supplementary aids and services.

Determination of Least Restrictive Environment

Determining the LRE begins with the development of the IEP. The IEP needs to be developed to determine the educational benefit and ability of the student to make progress in the general education curriculum or appropriate preschool activities.

What is the Least Restrictive Environment?

It is the set of services and the type of environment, or the spot on the continuum of services, in which those services are delivered.

Who makes the LRE decision?

The student's IEP team, which includes the parents, makes the decision. This requires an individualized inquiry into the student's unique educational and related service needs.

When is the LRE decision determined?

It is the last of a series of decisions made at the IEP meeting. It is made after goals and objectives are developed, and instructional accommodations and/or modifications are identified.

Making LRE Decisions

The IEP team must make LRE decisions that educate students with ASD in the general education classroom, to the maximum extent appropriate. In their deliberations, the team must consider **first** the use of supplementary aids and supports before deciding upon a more restrictive setting. Restrictive settings, such as special classes, separate schooling, or other removal from the classroom can only occur when the nature and severity of the disability is such that education in the regular classroom cannot be satisfactorily achieved with appropriately designed educational supports.

Many factors go into the LRE decision for a student with ASD:

- The ability to focus;
- The type of skills needed to learn;
- The individually-designed instruction needed;
- The amount of instruction needed;
- The setting most likely to help the child achieve their goals;
- The school facilities needed to support learning; and
- Other issues unique to each student with ASD.

The IEP team should also consider any potential negative effects of placement on the child and the adequacy of services the child may receive.

The IEP team should also consider:

- Location of services;
- Neighborhood school location;
- Access to nondisabled similar-aged peers;
- Access to community based activities and work locations as appropriate; and
- Age of the student. For students who are 18 to 21 years of age, the community with typical-age peers is the regular education environment.

Individual transition planning will include job placement, work experience, and/or independent living activities in the community.

Note: *Specific IDEA regulations for LRE may be found at:*

- 34 CFR 300.114 (a)- General LRE Requirements
- 34 CFR 300.115- Continuum of Alternative Placements
- 34 CFR 300.116- Placements
- 34 CFR 300.117- Nonacademic Sections

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End Notes

¹ Adapted from Technical Assistance Advisory, SPED 2007-1: ASD, Massachusetts Department of Elementary and Secondary Education, 2006.

¹ The Puzzle of Autism, NEA, 2006.

¹ Adapted from Models of Best Practice in the Education of Students with Autism Spectrum Disorders, Virginia Department of Education, Office of Special Education and Student Services, 2011.

¹ Ibid.